



Balimed registration

Complete this form to register for Bali Special Health Care Benefits Scheme

Section 1 Applicant's details

1. What is your Medicare number?

2. What is the name of the applicant?
Title eg. Mr/Mrs Family name First name

3. What is the applicant's date of birth?

4. What is your current mailing address?
 Postcode

5. What is your daytime telephone number

Section 2 Declaration

I declare that I am eligible to register for the Bali Special Health Care Benefits Scheme under the following category (please tick one only):

Category A—Foreign nationals

- A person covered under subsection 6(1) of the *Health Insurance Act 1973* for foreign nationals physically injured by the Bali bombings (and are lawfully in Australia for the treatment and care of their Bali related injuries)

Category B—Victims of the Bali bombing

- An Australian resident for the purposes of the *Health Insurance Act 1973*, and was in Kuta Bali on 12 October 2002, and was physically injured, or was present at the scene during the aftermath, or participated in assisting victims, or provided support services in Bali at that time. (Please attach a certified copy of your passport)

Category C—Friends or family of a victim of the Bali bombing

- An Australian resident for the purposes of the *Health Insurance Act 1973* and a member of the family or a friend¹ of a victim of the Bali bombing that occurred on 12 October 2002 and as a result of this relationship have an emotional, psychological or psychiatric distress or disability requiring treatment.

(for category C applicants only)

Name of victim

Relationship

Privacy note: I consent to Medicare Australia using my Medicare card number to validate appropriate payments. I also consent to Medicare Australia checking Medicare Benefits Schedule payments, Pharmaceutical Benefits Schedule payments and private hospital payments or undertaking verification related to any other benefit program or assistance provided by the Australian state/territory Government or by any other non-government organisation to which this scheme may be directly related. I consent to and authorise Medicare Australia obtaining personal information from other agencies and organisations on the understanding that the information will be handled sensitively and appropriately for the purpose of assessing registration and claims. Information obtained from this form may be disclosed to the Department of Health and Ageing, the Department of Human Services, The Department of Family and Community Services, Centrelink, other relevant Australian Government and state/territory government agencies and other organisations providing relevant assistance for monitoring and assessment purposes (for example charities or overseas organisation) and/or to enable those bodies to offer assistance. I understand that benefits are provided under the scheme as a result of information that I have provided and that providing false or misleading information may result in Medicare Australia recovering benefits.

Applicant's signature

Date

Section 3 Checklist

- Have you attached appropriate supporting documents? (see information sheet)
- Have you ticked one appropriate category?
- Have you signed and dated this form?

Please complete and return this form to:

- your local Medicare office
- fax to **08 9214 8129**
- post to **Medicare Australia Special Assistance**
Reply Paid 9822
Perth WA 6848 (no stamp required)

¹ Definition of a member of the family for the purpose of the scheme is:

- a parent, step-parent, sibling, step-sibling, child, step-child, grandparent, partner or ex-partner where he or she accompanies, or provides care for, a child or children of the victim
- the next-of-kin of the victim (other than those above); or
- another relative where Medicare Australia is satisfied that a close relationship exists, or existed, or that person is providing or has provided, key emotional support to the victim.

Definition of a friend of a victim for the purpose of the scheme is:

- a person who has, or had, a direct personal relationship with a person eligible under Category B, and has emotional, psychological or psychiatric distress or disability arising from the Bali bombing and his or her relationship with the injured or deceased person.